2	Ttem8 FilmGL12 5/1/69klMARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	05351 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0534;	3
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN 24. Manth Day Yea	
s o e o	DEATH MATEU	M
2, and 3 to PM3. Page	M Negro 5/2/18 last birthday) MONTHS DAYS HOURS MIN Manth 4 Day 17 Yeor 19	2d. Hour
orm F, 2, 2, orm Pe Depo	7a. BIRTHPLACE (State or foreign country) 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED DIVORCED DOTCH STORY.	Md
after deoth. Iny blong with form P with the State Depoil	10. CITY OR TOWN OF DEATH Rhodesdale RD 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol give street administration) and provided Road 12b. KIND OF during most of working life, even if retired.) INDUSTRY	BUSINESS OR
after 18. Giv along with t deoth.	136. USUAL RESIDENCE Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY Dor. Rhodesdale YES NO X 13b. COUNTY Dor.	
24 hours after deoth in term 18. Give Page 15 Office along with the State 15 offer deoth.	14. FATHER'S NAME First Middle Batson 15. MOTHER'S MAIDEN NAME First Middle Quhn	SON
	16a. WAS DECEASED EVERYN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 2/9-07-74/9 Cuthurin Batsen	
be executed "pending" in iief Medicol E. onsit permit. F. event within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF	MATE INTERVAL INSET AND DEATH
ER: This certificate should certificate, writing the word ould be forworded to the Ches. hould be used as a burial-train, or removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUI	ODCV2
This certificate, writing the forword or be used or removal,	WAS PERFORMED? YES	
	PRIMARY OR CONTRIBUTING 8PM AM -16-6919 Stabbed in chest	
3 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21e. PLACE OF INJURY (At hame, form, street, feetory, office building, etc.) Rhodesdale R.F.D. City or Town Rhodesdale	Md.
DEPUTY CICAL EX cessory, pleose execute functor director. Pog moy be retained for y FUNERAL DIRECTOR: path prior to burid,	22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry , and in death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner . ACTUAL SIGNATURE	n my apinian
To the He	23a. BURIAL PREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 421-69 Colemberry M. E. Colemberry M. E.	(State)
VR A15ME (5) 10M REV. 1/68	C4. UNERAL DIRECTOR 250. RECID BY REGISTRAR'S SIGNATURE OF ADDRESS OF AWARDAR 2 3 1969	2

MAKYLAND STATE DEPARTMENT OF HEALTH

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. 1	MARYLAND STATE DEPARTMENT OF HEALTH
	05353 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05345
ond 2 er death.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) CARLTON J. BENNETT, Sr. April 12 1969
	Male 4. RACE White S. DATE OF BIRTH Mar. 28, 1916 6. AGE (In years IF UNDER YEAR IF UNDER 24 HI MONTHS DAYS HOURS M
7	o. BIRTHPLACE (Stote or foreign ountry) Maryland 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH DOTCHOSTER WIDOWED DIVORCED 9. COUNTY OF DEATH DOTCHOSTER
3	0. CITY OR TOWN OF DEATH Cambridge 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.) Cambridge 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Shipping Clerk 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) NDUSTRY Wire Cloth
9	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before dmission) STATMaryland 13b. COUNTY Dorchester Cambridge 13c. CITY OR TOWN PES No. 3
I	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Dean Bennett Margie Seward
	66. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ac or unknown) Yes, ac or unknown) Yes WW 11 16b. SOCIAL SECURITY NO. 220 10 6028 17. INFORMANT LeCompte Funeral Service records
2	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
2	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH? 216. HOW INJURY OCCURRED. (Enter pating of injury in Part Los Part 2, Itam 18)
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19
	While Not while of work of work
	22a. I certify that (I) (this haspital) attended the deceased from 2, 19, 69, ta 4, 12, 19, 69, that (I) (we) I saw the deceased alive an 4, 12, 19, 69, and that in (my) (aur) apinion death occurred an the date and haur and from t causes stated above, (I) (we) (did) (did nat) view the bady after death.
	22b SIGNATURO 22c DATE SIGNED 22c DATE SIGNED 22c DATE SIGNED 22d DATE SIGNED
	22d. PHYSICIAN'S NAME (Type) W. E. GUNBYNR Combridge 2nd 21613
2	30. BURIAL, CREMATION, STORY Apr 16, 1969 Spedden—Seward Cemetery Cambridge, RFD 3, Maryland
2	4. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland DAPR 17 1969 ZSO. RECD BY REGISTRAR SIGNATURE ADDRESS LeCompte Funeral Service, Cambridge, Maryland DAPR 17 1969

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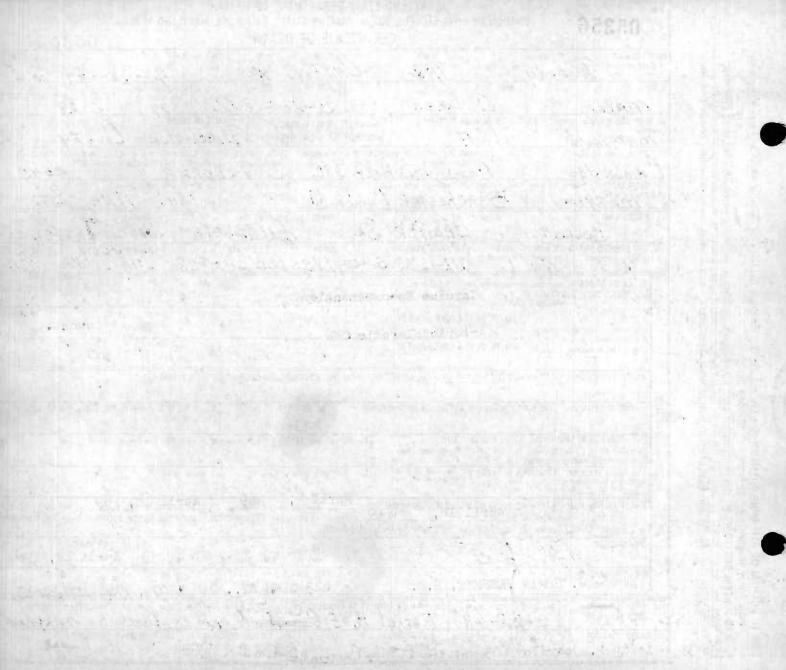
7	1	MARTLAND STATE DEPARTMENT OF HEALTH
		05354 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05346
	Ite	ems 586 FilmG411 4/14/69 kk CERTIFICATE OF DEATH
(AAC)		
# 1		ECEASED-NAME First Middle Last 2a. DATE OF DEATH Type or print) 2a. DATE OF DEATH Manth 1/ Day 1/ Year 62 2b. HOUR
death.	1	Type or print) Month 4 Doy 4 Year 69 238m
	3. SI	EX 4. RACE S. DATE OF BIRTH 1898 6. AGE (In years I FUNDER 1 YEAR) IF UNDER 24 HRS.
offer a	0. 3	4. RACE S. DATE OF BIRTH 1898 6. AGE (In years If UNDER 14 HRS. last birthday) Months DAYS HOURS MIN
S THE S		Female Negro 6-5-18194 TOTAL YRS. MONTHS DAYS HOURS MIN
- I - I - I - I - I - I - I - I - I - I	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
4 1555	CONI	ntry)
be executed within 24 hours nond completely filled in by e remove corbon poper.	-	Month widowed Divorced Dorch ester Md.
ecuted within 24 completely filled ove corbon popery y event, within 7	10. 0	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
# > 12	1	give street address) during most of working life, even if retired.) INDUSTRY
w este	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c. CITY_OR_TOWN DB. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
ted her	adm	ission) STATE // 13b. COUNTY C
		May and Jonnerset /ronje 150
d d c	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
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nd ho	1	Nathaniel pusillell Oksanti Wilson
fertificate by physician hen please naval, and		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address of service)
() # A C C C	Ι.	Accords - Haspital
Ta Per		APPROXIMATE INTERVAL
ing ing		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
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that the an. by the of ransit pe		Canditions, if any, which gave rise to immediate cause (a), (b) Parafure Thromboeyla form
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ING PHYSICIAN: The low requires that the by the hospital or ottending physician. Iter this certificate has been signed by the or be detached for use as the burial-transit periate Dept. at Health prior to burial, cremation		Canditions, if ony, which gave rise ta immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING P.M. Month Doy Year or Contributing Cause of Death P.M. Month Doy Year P.M. 19 21d. INJURY OCCURRED VIG. Enter nature af injury in Part 1 ar Part 2, Item 1B.) 19a. Date of Operation 19b. Condition for which operation was performed 21c. How Injury Occurred (Enter nature af injury in Part 1 ar Part 2, Item 1B.) 21d. INJURY OCCURRED VIG. Enter nature af injury in Part 1 ar Part 2, Item 1B.) 21d. Injury Occurred VIG. At Home, Farm, STREET, FACTORY, Office Bulliping, ETC. 21d. Location Street or R.F.D. No. City ar Tawn Caunty State 22a. I certify that (I) (this hospital) attended the deceased from 2 2 2 19 2 7 to 4 4 19 6 7, that (I) (we) Jast
NDING PHYSICIAN: The low requires that the dby the hospital or ottending physician. After this certificate has been signed by the of a be detached for use as the burial-transit pe e State Dept. af Health prior to burial, cremation		Canditions, if ony, which gave rise ta immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR
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ATENDING PHYSICIAN: The low requires that the etained by the hospital or ottending physician. CTOR: After this certificate has been signed by the or should be detached for use as the burial-transit perint of the other than the State Dept. af Health prior to burial, cremation		Canditions, if ony, which gave rise ta immediate cause (a), stating the underlying cause (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. Date of operation 19b. Condition for which operation was performed 20a. Autopsy? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOW AM. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH? 21d. INJURY OCCURRED While Not while Not while Not work of the whole Not work of work of the work of the work of the deceased from Saw the deceased alive an 19 A, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death.
ATTENDING PHYSICIAN: The low requires that the seroined by the hospital or ottending physician. RECTOR: After this certificate has been signed by the or 3 should be detached for use as the burial-transit ped with the State Dept. of Health prior to burial, cremation		Canditions, if ony, which gave rise ta immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING CAUSE OF OFATH (If either, notify medical examiner) 19a. DATE OF OPERATION 21b. TIME OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City ar Tawn Caunty State work of wark of our wark of our wark of the deceased alive an 19 and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING MED. STAFF
ATTENDING PHYSICIAN: The low repertoined by the hospital or ottending INECTOR: After this certificate has been e 3 should be detached for use as the set with the State Dept. at Health prior to		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 21b. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19 21d. INJURY OCCURRED While Not while Not while 10 To The Terminal Disease Or Condition Given in Part 1 ar Part 2, Hem 1B.) While Not while 10 To The Terminal Disease Or Condition Given in Part 1 ar Part 2, Hem 1B.) 12a. ACCIDENT WAS UNDERLYING P.M. Month Doy Year P.M. 19 21d. INJURY OCCURRED While Not while 10 To The Terminal Disease Or Condition Given in Part 1 ar Part 2, Hem 1B.) 12a. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 21b. TIME OF INJURY 19 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 ar Part 2, Hem 1B.) P.M. 19 21d. INJURY OCCURRED (Inter nature af injury in Part 1 ar Part 2, Hem 1B.) 12a. Injury Occurred (Inter nature af injury in Part 1 ar Part 2, Hem 1B.) 12b. TIME OF INJURY OF PART (OFFICE BUILDING, ETC. 22c. I certify that (I) (this hospital) attended the deceased from 19 (and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. DEGREE PHYS. DIRECTOR PHYS.
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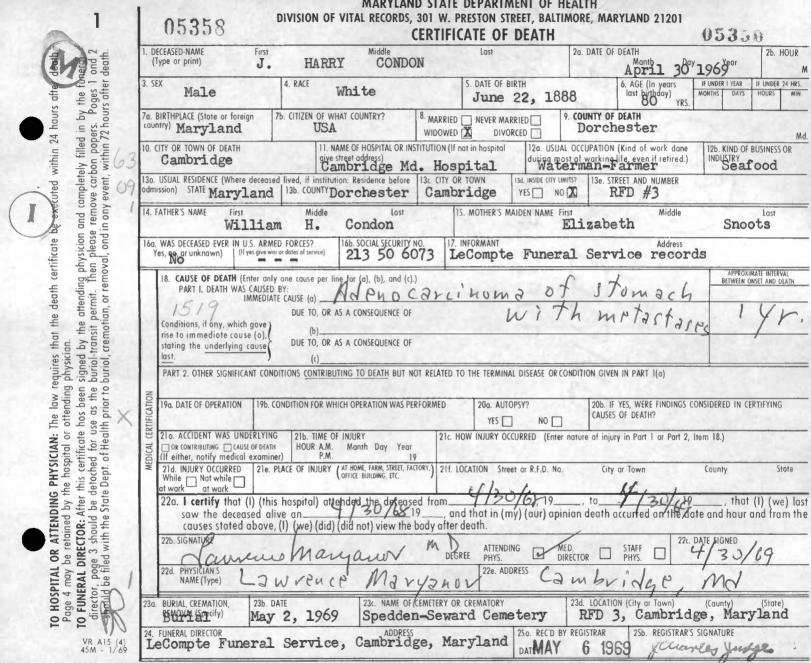
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- 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	05356 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	05348
1.	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH Month Day	Zb. HOUR
	DEERDY NONE CHATER YES 4-18	8-69 10:16 M
3.	S. DATE OF BIRTH 6. AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7	111ALE COLOREA 3-20-18/2 77 YRS.	0 29
((a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY? WIDOWED DIVORCED Derchester	7 . 4.
10	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
3	CAMBRIDGE PRINTS, MD. HOSP. INC. during most of working life, even if retired.)	INDUSTRY IVO NE
13	3a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before \$136 CITY OR TOWN 13d, INSIDE CITY LIMITS? \$13e. STREET AND NUMBER	- none
a	dmission) STATE 4/LAND 13b. COUNTY RChester (Ambridge YES NO 1002 P)	Ne St.
1	4. FATHER'S NAME First / Middle / Last / IS. MOTHER'S MAIDEN NAME First / Middle	Last
	Beendy - LAMYER SR ELIZABETH NONE	RAVERS
ľ	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng or unknown) (If yes gray-war opdategol service) 16b. SOCIAL SECURITY NO. 17. INFORMANT SYLVES LER CAMPER CAMPER CAMPER	1002 FINE ST.
F		APPROXIMATE INTERVAL
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardiac Decompensation	BETWEEN ONSET AND DEATH
	4124 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave	undet.
1	rise ta immediate cause (a), (b) AFLOFIOSCIETOTIC CVD DUE TO, OR AS A CONSEQUENCE OF	
1	last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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100	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19 21d INHIBY OCCUPED 121e PLACE OF INHIBY CAT HOME FARM STREET FACTORY 1216 LOCATION Street or P.E.D. No. (by or Towns	117
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L	22a. I certify that (1) (this haspital) attended the deceased from APTII 4, 1999, ta APTII 18, 19 saw the deceased alive an APTII 19, and that in (my) (aur) apinian death accurred an the day	
ı	saw the deceased alive an APT11 18, 1969, and that in (my) (aur) apinian death accurred an the da causes stated abave, (I) (we) (did not) view the bady after death.	te and haur and tram the
1	22b. SIGNATURE 22c.	DATE SIGNED
ı,		pril 22, 1969
I	22d. PHYSICIAN 2. 22e. ADDRESS NAME (Type) J. EDWIN FASSETT, M.D. 22e. ADDRESS DAY BY ST. CAMBRIDGE MA	
=	DES HIGH BI., CAMBRIDGE, MA	RYTAND 31613
2	130. BURIAL STEMATION, REMOVAL (Specify) 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY Commercial Control (City or Town) Bethel Hin E Commercial Control (City or Town)	(County) (State)
2	24. FUNERAL DIRECTOR 250. REGISTRAR 256. REGISTRAR 256. REGISTRAR'S	SIGNATURE
	Lewis H. Boardley 603 Washington St. Cantanhalpate PR 2 4 1969 There	ces judge
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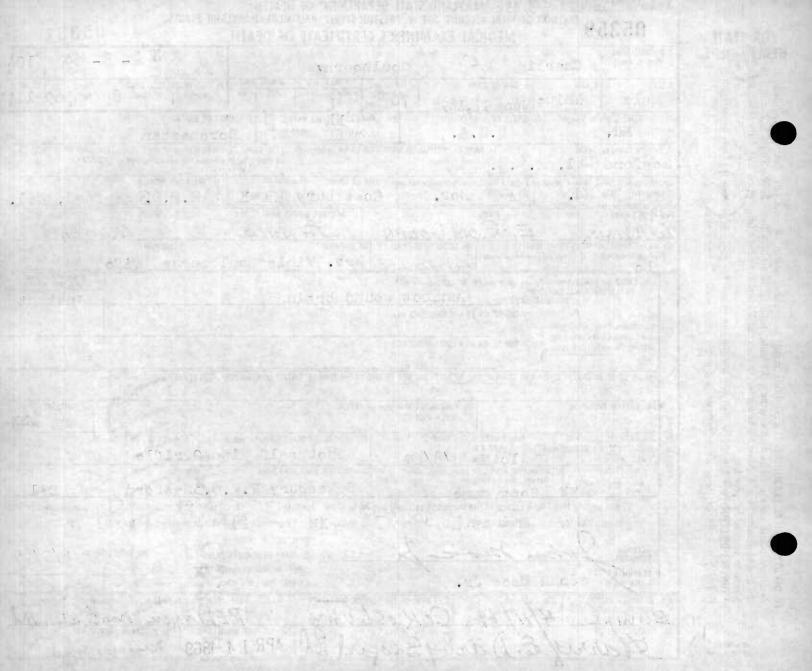
2	05357	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		05349
1.	DECEASED-NAME First (Type or print) MADISC		CHASE	20. DATE OF DEATH APRIL Doy 2 Doy	196°9° 2b. HOUR
3.	SEX MALE	4. RACE NEGROID	S. DATE OF BIRTH DEC EMBER	6. AGE (In yeors last birthday) 7RS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (State or foreign MARYLAND	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH DORCHESTER	M
	CAMBRIDGE	11. NAME OF HOSPITAL OR INS give street address) CAMBRIDGE MD	HOSP., INC.	AL OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
od	MARYLAND	sed lived, if institution: Residence befare	CAMBRIDGE 13d. INSIDE CITY U	MITS? 13e. STREET AND NUMBER 715 CORNISH	DRIVE
	. FATHER'S NAME First GEORGE	Middle Lost CHASE	15. MOTHER'S MAIDEN NAME F		PINDER
16	NO	war or dates of service) 2114-07-859	O HESTER CHASE	Address 715 CORNISE	
	4109	nly one couse per line for (o), (b), ond (s). ED BY: Cardiovasc ATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 hours
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W	While Not while at work	0	TORY,) 21f. LOCATION Street or R.F.D. No.		Caunty State
	saw the deceosed causes stated about	ys hospital) attended the deceose slive on <u>April 2</u> e (1) (we) (***) (vol not) view the	ed fram March 15, 19 \$ 1969 ond that in (my) (our) opi body after death.	nian deoth occurred on the date	e and haur and from th
	22b. SIGNATURE	us/	DEGREE PHYS.	22c. D/	ate signed pril 3, 1969
		IN FASSETT, M.D.		ST., CAMBRIDGE,	MARYLAND
L	BURY A (Specify)	4/7/69 B	CEMETERY OR CREMATORY	23d. LOCATION (City or Town) CAMBRIDGE DOR	
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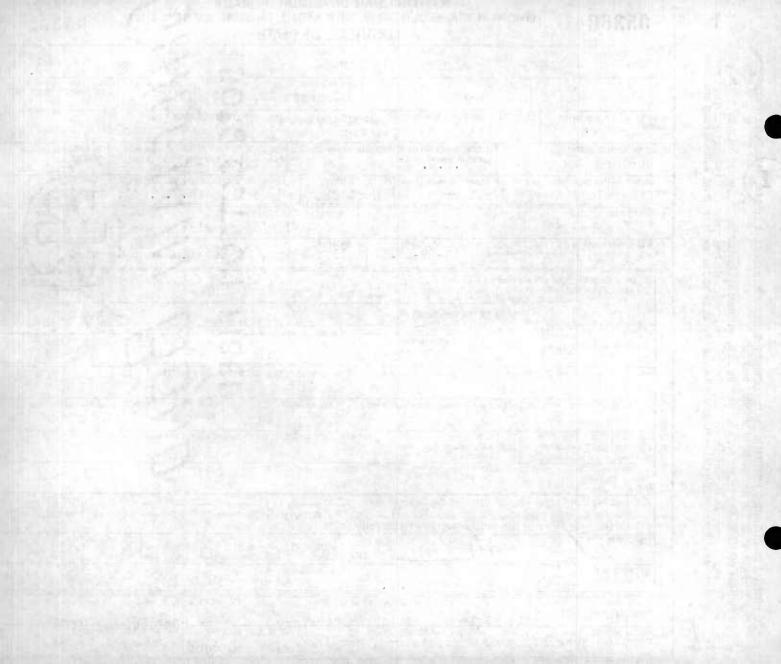


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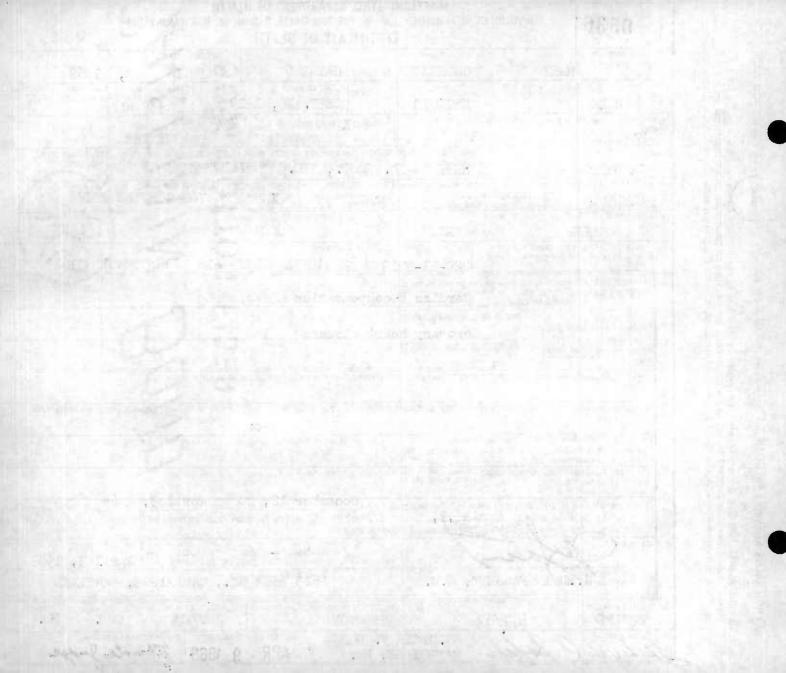
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FOR STATE		05359 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05351
HEALTH DEPT.	1. 0	DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Type or Print) Charlie Coulbourn DEATH MATED	8 dy 6 dear 2b THOUR
Pages 1, 2, and 3 with farm PM3. Pe	-	Male White June 11.1898 (YRS. MONTHS DAYS HOURS MIN. Month 4 Day 6	3 Year 19 69 2d. HOUR
arm le Depo		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWED 9. COUNTY OF DEATH Dorchester	Md.
after death 8. Give Pages 1, along with farm with the State De 600	S	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) Parmer	12b. KIND OF BUSINESS OR INDUSTRY
	13a.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY DOP. Cokesbuty YES NOT R.F.D. S. S.	aford, Del.
24 haurs in Item 18 r's Office es 1 and 2	14. 1	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	(unPhy
I within 24 n pencil in Examiner's File pages 172 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS WITS. Viola Coulbourne Wif	Co.
nould be executed within 24 haurs word "pending" in pencil in Item 1 the Chief Medical Examiner's Office rial-transit permit. File pages 1 and 2 n any event within 72 hours affer o		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Gunshot wound brain	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Tostant
be executed "pending" in nief Medical E. ansit permit. F event within		Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF (b)	
shauld be e ne word "per a the Chief! burial-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
is certificate shauld te, writing the word farwarded ta the Ch e used as a burial-tro remaval, and in any	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
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= = = =	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY TOR CONTRIBUTING THOUR A.M. L/8/60 21b. TIME OF INJURY Month, Day, Year HOUR A.M. L/8/60 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, 1 Shot self with 22pifle	tem 18.)
3 first and a state in the stat	ME	21d. INJURY OCCURRED AT WORK AT WORK AT WORK Sons home 21e. PLACE OF INJURY (At home, form, street, factory, affice building, etc.) Cokesbury R.F.D. 3Seaford	Caunty State De 1
JICAL EXA se execute ctar. Page red far yas ECTOR: Page		22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection \(\oldsymbol{L}_{\text{X}} \) Inquiry death resulted fram: Natural causes, Accident, Suicide \(\oldsymbol{X}_{\text{X}} \), Hamicide, Undetermined manner	
please al direction to right to the plane.		ACTUAL SIGNATURE SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE	
TO DEPUTY necessary, the funera 5 may be TO FUNERA! Health pr		EXAMINER: NAME (Type) John Mace Jr. ADDRESS(Street, city, town, or county)	
0 a ± 2 0 ±	L	D. BURIAL (REMATION, PREMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COKOLOGY PELLANCE ADDRESS ADD	(County) (State)
VR A15ME (5) 10M REV. 1/68	24.	Harry E. Darby Beoford Bd. DAPR 1 4 1969 25b. REGISTRAR'S LOUISM	
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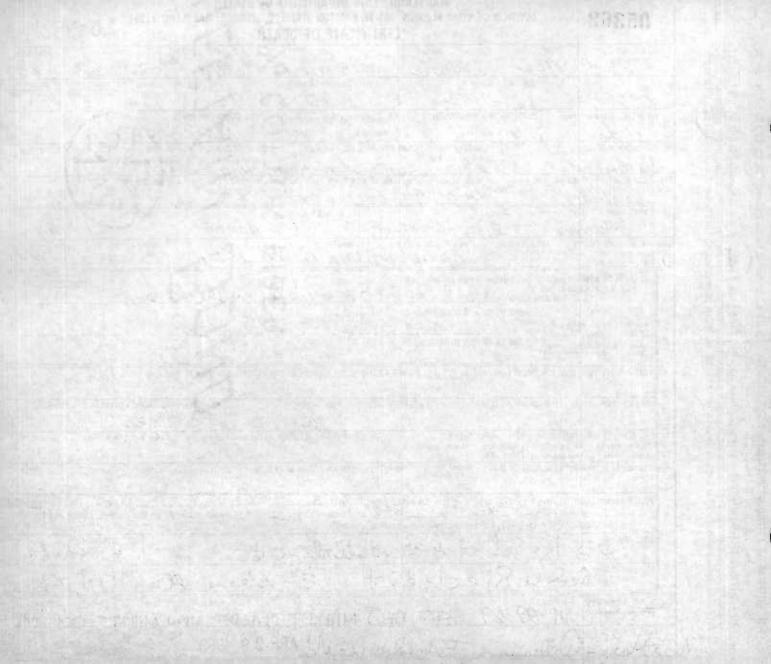
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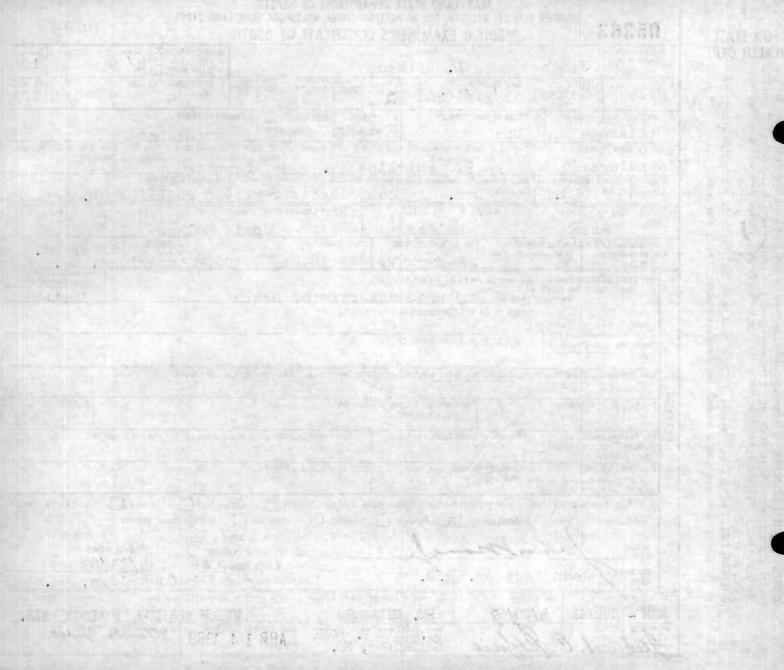
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MARY I	ND	eased lived, if institution BORCHES!	TER	13c. CITY OR T	DGE	13d. INSIDE CITY LIMITS? YES NO	100.01	O CORI	VISH	DRIVE	
14. FATHER'S NA	OLLIE	Middle	SMTTH Lost			DORA			ddle	LAKI	Last E
Yes, no, ar un		ve war or dates of service)	16b. SOCIAL SECURITY N 220-01-903	13 M	ORMANT AGALTI	NE BANKS	616	Add HIGH S	dress STREE		L3
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RTIFICA		9b. CONDITION FOR WHIC			20a. AUTO	NO 🔀	CAUSES (OF DEATH?		SIDERED IN CER	RTIFYING
☐ OR CONTR (If either, I	NT WAS UNDERL BUTING CAUSE OF C atify medical exa	DEATH HOUR A.M. miner) P.M.	Manth Day Year			URRED (Enter nat			Part 2, Iter	m 18.)	
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ŧ	#25 #25		ECEASED-NAME First			lost	20. DATE OF DEATH Do	V	2b. HOUR	
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le le	s lul	3. SI	4.	4. RACE	5.	DATE OF BIRNH	6. AGE (In years	MONTHS DAYS	1F UNDER 24 HRS.	
s of	s of the		Female	White		12-26-	94 last birthday) 74 YRS.		HOURS MIN.	
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hi	ali Brita		TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address)	ISTITUTION (If nat i		OCCUPATION (Kind of work dane of warking life, even if retired.)		BUSINESS OR	
×	Po S	10	MINDRIAGE Eastern Shore State NOSP, Housewife							
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e e	di n		Vames	E. Bost	on	marga	ret	Phi	11105	
E	did i		was deceased ever in u.s. are es, na, or unknown) (If yes give to				Address	3	5. /	
重(os been signed by the attending playsic os the burial-tronsit permit. Then ple prior to burial, cremation, or removal, or	4	known	212-16-	749/ m	d. Records at	ESSH. Can		J.ma.	
9	E E		18. CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and (c)	.)				MATE INTERVAL NSET AND DEATH	
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=	the mat	A	Canditions, if any, which gave rise to immediate cause (o),						FED D	
tho	by tron		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF						
ires	physician. signed by the burial-tronsit p burial, cremati	1	last.	(c)						
nbə	sig bul bul	100	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO T	HE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)			
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<u>o</u>	affending physician hos been signed by se os the burial-tro th prior to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS PI	RFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATHS		RTIFYING	
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PHYSICIAN: The	the hospital this certifice detached fo ie Dept. of He	-	While Not while at wark at wark	. PLACE OF INJURY (AT HOME, FARM, STREET, FA		TION Street ar R.F.D. No.	City or Town	County	Stote	
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S. S.	he S		saw the deceased of	e, (I) (we) (did) (did nat) view the	hody after de	hat in (my) (<u>aur)</u> apinio	on death accurred on the d	ate and haur a	and from the	
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OR ATTENDING	be retained by t DIRECTOR: After ge 3 should be c led with the State		6 AD LO K	relied H. O	. O de me	ATTURNS DIRE	STAFF C	4-26	-69	
TO HOSPITAL	Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Heoli		22d. PHYSICIAN'S RAME (Type)	4. Riecke	nt.	22e. ADDRESS VS	un Mar	Ked,	Ked	
HOS	ge rect	23			CEMETERY OR CR	EMATORY	23d. LOCATION (City or Tawn)	(Caunty)	(Stote)	
2	5 5 9 8		REMOVAL (Specify)	-27-69 EAST 1	VEW M	ARKET CENT	EAST NEW MAR	KET DO	R. MD.	
	VR AIS ONO	84.	FUNERAL DIRECTOR	ADDRESS	1	2Sq. REC'D BY I	REGISTRAR 2Sb. REGISTRAR			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05356 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 20. DATE KNOWN Day 2b. HOUR Year (Type or Print) 2, and 3 to PM3. Poge OF ESTI-James Holmes 10Pm of DEATH MATED 4. RACE IF UNDER I YEAR 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR Deportme Male Negro 11/21/1926 10P. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH the certificate, writing the word "pending" in pencil in team 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form country) Alabama USA WIDOWED [DIVORCED [Dorchester pages Land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital within 24 hours ofter deoth 12a. USUAL OCCUPATION (Kind af wark dane 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired.) INDUSTRY Cambridge lips St Laborer 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Dor. admission) STATE Md. 016 Phillips Cambridge YES XX NO after 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Holmes Essex Rosie Holmes hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 610 Phillips 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) Josephine Thompson Cambridge 091-24-0846 File This certificate should be executed within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Ruptured ancurvem of brain Instant in any event DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Canditians, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause removal, ond PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔀 NO 🗌 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town Caunty State factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy K., Inspection Inquiry and in my apinian the funeral director. death resulted fram: Natural causes X, Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 moy FO FUNE Heolth EXAMINER'S John Mace Jr. M.D. ADDRESS(Street, city, tawn, or county) Cambridge. Md. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) 4/20/69 MT. HILLIARD UNION SPRINGS BULLOCK ST. CLAIR F. HOME VR A15ME (5) CAMBRIDGE, MD. 10M REV. 1/68



	MARYLAND STATE DEPARTMENT OF HEALTH							
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA	ND 21201					
		05364 CERTIFICATE OF DEATH	05357					
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician. DIRECTOR: After this certificate, bas been signed by the attending physiciar a 3 shauld be detached far use as the burial-transit permit. Then pleas ed with the State Dept. af Health priar ta burial, crematian, ar removal, and	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? (20b. IF YES, N CAUSES OF DI	NERE FINDINGS CONSIDERED IN CERTIFYING EATH?					
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G PH the h this this detacted be Depte		While Not while at work OFFICE BUILDING, ETC						
NDING id by t After d be d be		saw the deceased glive on	red on the date and hour ond from the					
ATTE Staine Shaul ith th	1	causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE	22c. DATE SIGNED					
be re DIRE		DEGREE ATTENDING MED. STAF	× 4-29-69					
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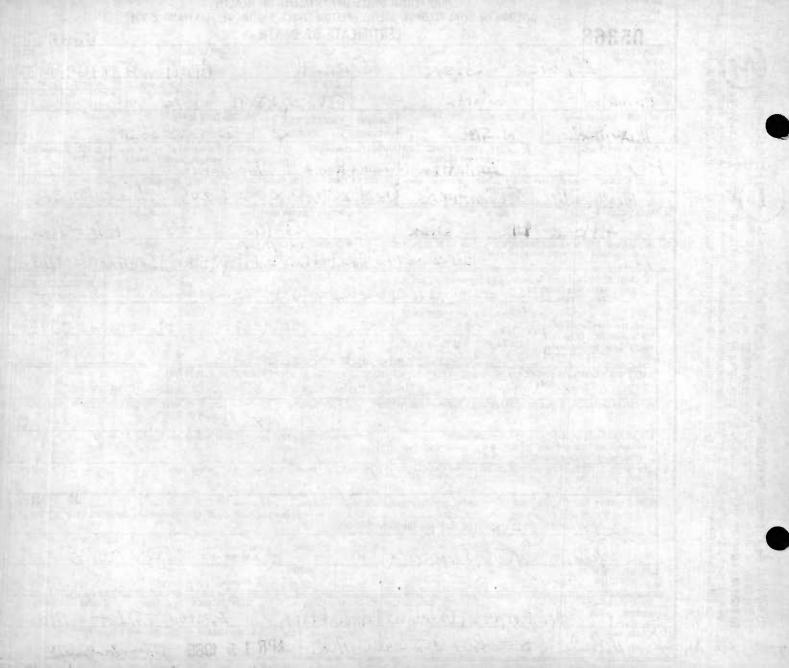
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05360 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2o. DATE KNOWN Month Yeor 2b. HOUR Doy (Type or Print) ESTIany deloy is 2, and 3 to PM3. Page innie 10 DEATH MATED ment 4. RACE 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD DAJE OF BIRTH HOUR Lest birthday) MONTHS HOURS Doy 26 Year 69 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH the State Dep death we Pages 1, ag with form country) WIDOWED 🔀 DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in, hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ave street oddress) during most of working life, even if retired. after de with 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO Degretar lond 2 certificate should be executed within 24 hours the certificote, writing the word "pending" in pencil in Item \ 4 should be forworded to the Chief Medicol Exominer's Office ofter 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME Middle d 0018 pages hours pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) File within / 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral vascular accident davs any event DUE TO. OR AS A CONSEQUENCE OF o buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse __ puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) removol, CERTIFICATION used 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, This YES | NO X pe 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. buriol, cremation, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK Poge 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my apinian the funerol director. death resulted from: Natural causes X. Accident ... Suicide . Hamicide Undetermined manner Heolth prior to CHIEF MEDICAL EXAMINER ACTUAL 22b, DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X FXAMINER'S Cambridge. Md. ADDRESS(Street, city, town, or county) John Mace Jr. 50 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) ECVE FUNERAL DIRECTOR VR A15ME 10M REV.

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YSI cert cert ched pt. o	MED	214 INJURY OCCUPPED	21e. PLACE OF INJ	URY (AT HOME, FARM, STREET, FOR OFFICE BUILDING, ETC.		LOCATION Street or R	.F.D. Na.	City ar Tawn	County	State
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MARYLAND STATE DEPARTMENT OF HEALTH



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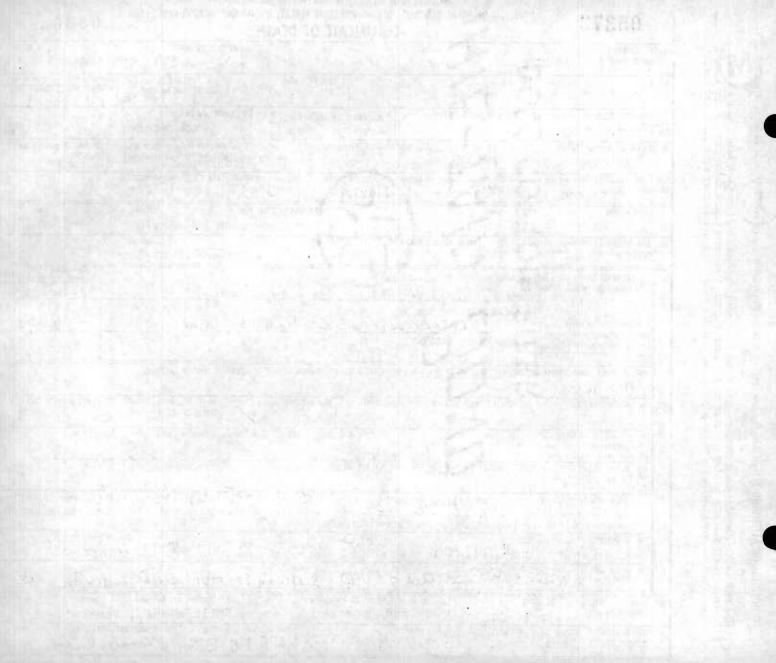
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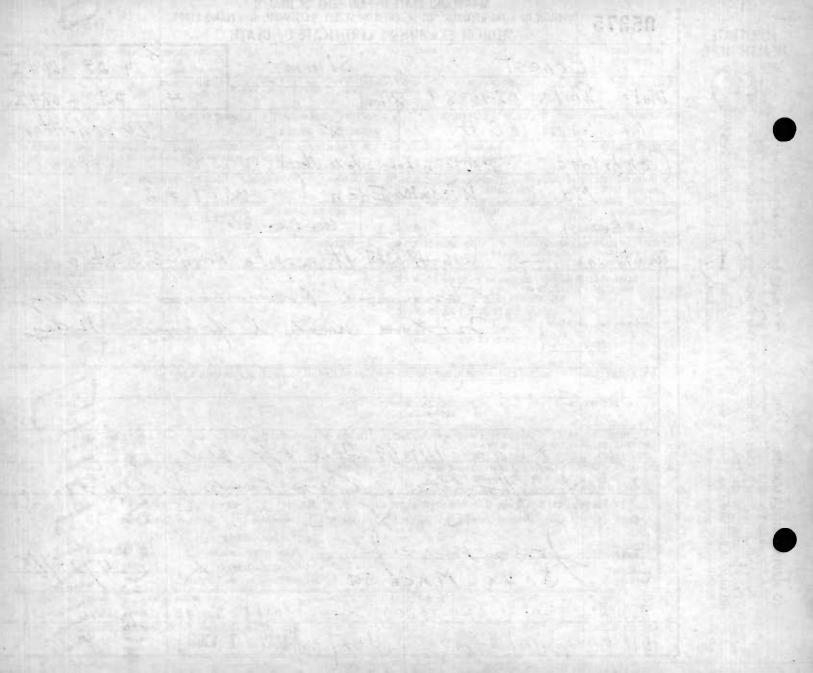
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1		22d. PHYSICIAN'S JAME (Type)	TWIN PASSETT, M.D	DEGREE PHYS.	DECE	PHYS. L. PHYS. CAMBRIDGE,		
)		BUNDYA (Specify)	4/39/69	OF CEMETERY OR CREMATORY WAUGH	23d.	LOCATION (City or Town) CAMBRIDGE I	(Caunty)	(Stote)
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05375 05368 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle 2g. DATE KNOWN (Type ar Print) OF ESTI-DEATH MATED P.M3. Pdge delay and 3 t IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years 2c. DATE PRONOUNCED DEAD Male 7a. BIRTHPLACE (State or foreign, 7b. CITIZEN OF WHAT COUNTRY? MARRIED [NEVER MARRIED [9. COUNTY OF DEATH Office alang with farm pencil in Item 18. Give Pages 1, WIDOWED D DIVORCED F land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done during mast bit working life, even if retired.) 1090 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Z3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Wicomica 24 haurs Last 1S. MOTHER'S MAIDEN NAME ARSH imms 16a, WAS DECEASID_EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. be executed within (Yes, not ar that hown) (If yes give war or dates of service) A PROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH with permit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise ta immediate cause (a). pino writing the ward DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 shauld MEDICAL PRIMARY TOR CONTRIBUTING V HOUR A-M crematian, CAUSE OF DEATH 21e. PLACE OF IMJURY (At hame, form, street, 21d. INJURY OCCURRED County City or Town State may be retained far yaur FUNERAL DIRECTOR: Page AT WORK AT WORK 22a. 1 certify that I taak tharge of the remains described above, held an Autopsy ... Inspection Inquiry and in my apinian Accident X Suicide death resulted from Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE O DEPUTY necessary, DEPUTY MEDICAL EXAMINER **FXAMINER'S** S may TO FUNE Health ADDRESS(Street, city, tawn, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (Caunty) (State) 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05376 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR ampletely filled in 3y the funeral ve carban papers. Pages 1 and 2 event, within 72 trauts after death. 24 hours after death (Type ar print) Fulton Month 18 5-40 PM Waller Sterling 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS DAYS HOURS 11-12-02 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED 9. COUNTY OF DEATH USA naryland WIDOWED [DIVORCED campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done be executed within 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) remave carban INDUSTRY ambrida SEAFOOD vater man 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 18b. COUNTY Somerset YES NO D and in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First and Middle Lost Nicholas Jane edse 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 17. INFORMANT certificate Yes, no, or unknown) (If yes give war or dates of service) crematian, ar remaval, Cambrid 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) requires that the death, PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave : rise to immediate cause (a). stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b I Health priar tab the has been OR ATTENDING PHYSICIAN: The law 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO C be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detached for State Dept. af H P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark 220. I certify that (I) (this haspital) attended the deceased from 8-28, 1968, ta 4-18-, 1969, that (I) (we) lost sow the deceased alive on 4-18-1969, and that in (my) (aur) apinian death occurred on the dote and haur and from the directar, page 3 shauld should be filed with the causes stated above, (1) (we)(did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) CEMETER ADDRESS 25b. REGISTRAR'S SIGNATURE **EUNERAL DIRECTOR** VR A15 Crisfield. Gradshaw

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05370 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) Berklev Walker OF ESTI-2, and 3 to PM3. Page 1960 af DEATH MATED the State Department IF LINDER 24 HRS 3. SEX 4. RACE 6. AGE (In years SE LINGER I YEAR S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR HOURS Male Negro Yeor 11P 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH sa Office jalang with farm 8. Give Pages 1, U.S.A. WIDOWED [Virginia DIVORCED [Dorchester 126. KIND OF BUSINESS OR INDUSTRY NONE 24 hours after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in-hospital 12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) give street oddress) Cambridge Chesapeake Ct MAKKERK 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY HMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES W NO Cambridge 610 Chesapeake Court Item/ after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Henrietta Walker Unknown haurs pages shauld be forwarded to the Chief Medical Examinér 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** be executed within pencil, (Yes, no, or unknown)
Unknown (If yes give war or dates of service) 224-14-9370 Cambridge City Police, Cambridge Md File within _⊆ 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND GEATH "pending" PART I. DEATH WAS CAUSED BY: Bronchogenic carcinoma c Metastases yr. IMMEDIATE CAUSE (o) any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). certificate should the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remayal, CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, pe YES X NO F Б 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) plnods MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy XI, Inspection | Inquiry | and in my apinian death resulted from: Natural causes X Accident . Suicide [Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL FUNERAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED the funeral SIGNATURE DEPUTY MEDICAL EXAMINER may EXAMINER'S 5 may ro FUNE Health John Mace Jr. NAME Pype ADDRESS(Street, city, town, or county) 23o. BURÎAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BRCHESTER URIAI 24. FUNERAL DIRECTOR T B 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 426 DOUER St., EASTON, Md. 21601 1969 10M REV. 1/68

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		DIVISION		DEPARTMENT OF HEAL		
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death.	and 2 death.		MARSHALL WARFIE	Lost 2a.	DATE OF DEATH April 28	2b. Hour
s after	n by the funeral Rages I and Hours after deat	Female 4. RACE	White	S. DATE OF BIRTH Sept. 8, 1884		IF UNDER 1 YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN
4 haur	·- MIN	(authority)	OF WHAT COUNTRY? 8. MARRIED WIDOWED	THEATH WANKIED	UNTY OF DEATH Dorchester	м
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beek	physician and campletely filled en please remove carban page oval, and in any event, within 7	4. FATHER'S NAME First Mic	ddle Lost Marshall	S. MOTHER'S MAIDEN NAME First Ret	Middle	Thomas Lost
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OR AT	DIRECTOR 3 shall led with	22b. SIGNATURE Caureve	hrangen MI	Titio.	STAFF -	TE SIGNED /29/69
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05372 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DEPT. 1. DECEASED-NAME First Lost 20. DATE KNOWN (Type or Print) ESTI Randolph Willey DEATH MATED 4. RACE IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONQUNCED DEAD and Yeor 69 Male 8/8/1901 Whi te 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Md. U.S. WIDOWED X DIVORCED [Dorchester State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Cambridge Cambridge-Md . Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b Dorchester Md. Cambridge YES NO 301 Maryland lond2 in Item 1 after 14. FATHER'S NAME Lost First IS. MOTHER'S MAIDEN NAME Herman Willey Roxie Cooper Examiner's hours poges 160, WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Baltimore (Yearno or unknown) 212-16-1303 Mrs. Gwendolyn Willey Dundalk Md. within be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion 15 Mins. event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gove rise to immediate couse (a). ony shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 4 should be forwarded to the _⊆ puo certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES [NO IX pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinian death resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1/19/69 DEPUTY MEDICAL EXAMINER Heolth John Mace Jr. M.D ADDRESS(Street, city, town, or county) Md. Cambridge. 0 230. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 1969 Dorchester Mem. Park
ADDRESS 250. R rk Cambridge Dorchester Md.
250. REC'D BY REGISTRAR ZSb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Munica VR A15ME (5) Cambridge Md. 21613 DATEAPR 28

MARYLAND STATE DEPARTMENT OF HEALTH

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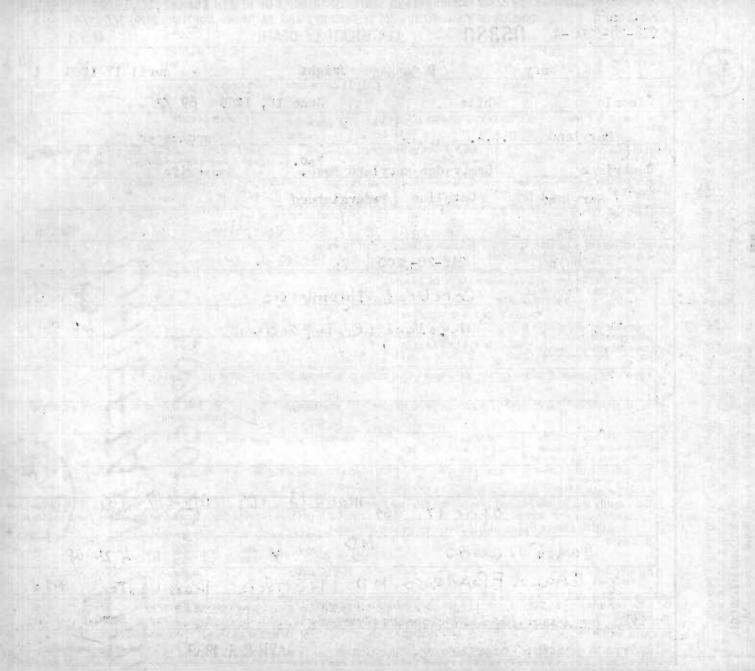
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	MARYLAND STATE DEPARTMENT OF HEALTH	
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T	Type or print\	2b. HOUR
-	EX ARCE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF U	NDER 24 HRS.
3	last birthday) MONTHS DAYS HOL	
1	, 6/17/6	
	Md. U.S.A. WIDOWED DIVORCED DIVORCED DORCHESTE	miu.
п	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 12a. USUAL OCCUPATION (Kind of wark dane during most of working life, even if retired.) 12b. KIND OF BUSH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 12b. KIND OF BUSH 11 INDUSTRY HOME	NESS OR
ī	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	
1	nissian) STATE ME 13b. COUNTY CECIL Cecilton YES NOTE	
ĺ		ost
	George Young Sallie Thompson	n
	D. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
L	No. Mrs. Mable Young, Cecilton, Md. 219.	INTEDVAL
	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	ANO OEATH
	IMMEDIATE CAUSE (a) OUT THE SOUTH OF STITLE OF THE STITLE	8
	DUE TO, OR AS A CONSEQUENCE OF Conditions if any which pave) Arterias Cleratic Heart Disease Vears	
1	rise to immediate cause (a).	
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF Isster Soler Soler	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	eft heminiscia nartial 2mos, Left Poptiteal Occiusion 190-DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIF	YING
	190DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
1	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 19 21d INUIRY OF CURRED 121e PLACE OF INUIRY / AT HOME, FARM, STREET, FACTORY.) 21f DOCATION Street or R.F.D. No. City or Town County	
1	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	State
	at work at work	
	220. certify that (1) (this haspital) ottended the deceased from 1900, to 1900, to 1900, that (1)	(we) lost
Ì	saw the deceased alive an	from the
	22t. DATE SIGNED	
1	22b. SIGNATURE DEGREE ATTENDING MED. STAFF 4/17.59	
	22d. PHYSICIAN'S 22e. ADDRESS // 2 = 0	
	NAME (Type) arold P. Plummer M.D. P.O. Box#158 Preston Paryland	
F	of Dollary Chamarion,	Stote)
- 14	GUITAL TIZIOS GESTLESI GAMBERT	d.
	FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ANDRESS AND	
I	Edward Fellows & Son, Millington, Md. 21651 DATE APR 2 2 1969 Tollanday Questo	

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